



05-18-05

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PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/606,670	
	Filing Date	June 25, 2003	
	First Named Inventor	Madurawe, Raminda U.	
	Art Unit	2829	
	Examiner Name	Renee R. Berry	
Total Number of Pages in This Submission	50	Attorney Docket Number	015114-046340US

ENCLOSURES (Check all that apply)				
<input checked="" type="checkbox"/> <b>Fee Transmittal Form (1 page submitted in duplicate)</b>  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> <b>Amendment/Reply (11 pages)</b>  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> <b>Extension of Time Request (1 page submitted in duplicate)</b>  <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> <b>Drawing(s)</b> <b>Replacement drawings (2 pages); and Annotated sheets (2 pages).</b>  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input checked="" type="checkbox"/> <b>Terminal Disclaimer (1 page)</b>  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>This Transmittal Form (1 page); Substitute Specification (14 pages); Comparison Copy (14 pages); and Return Postcard.</b>		
<table border="1"><tr><td>Remarks</td><td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td></tr></table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	J. Matthew Zigmant		
Date	5/16/05	Reg. No.	44,005

CERTIFICATE OF TRANSMISSION/MAILING			
Express Mail Label: EV 544 912 092 US I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date 5/16/05 and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Typed or printed name	J. Matthew Zigmant	Date	5/16/05